



**West Virginia
Department of Administration
Fleet Management**

2101 Washington Street, East
Capitol Complex, Building 17
P.O. Box 50121
Charleston, WV 25305-0121

FLEET DUTY APPOINTMENT

Department: _____

Division: _____

First/Last Name: _____

Address1: _____

Address2: _____

Address3: _____

Work Tel: _____

***Emergency Tel:** _____

Fax: _____

Email: _____

*The **emergency telephone number is required** for SUFC to provide a mechanism for notification by FMO or State Police in the event of a vehicle accident or incident occurring outside normal business hours.

Approved By: _____

Spending U~\$ or Designee

Date: _____

When change occurs, please contact the Fleet Management Office
ASAP at (304) 558-0086, email: Fleet@wv.gov, or eFax to (304) 957-
0198.